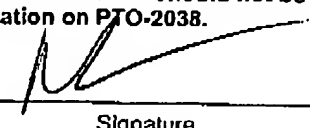
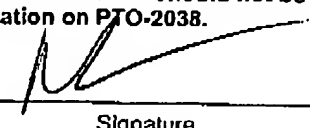
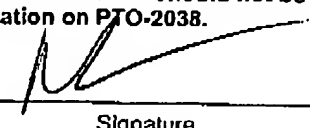


PTO/SB/22 (08-03)

Approved for use through 7/31/2008. OMB 0651-0031

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|--|---|---|--|--|----------|--|------------------|---|----------|--|----------|--|----------|----------------------|---|------|-----------|-----------------------|-----------------------|------------------|-----------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) PD020089 | | | | | | | | | | | | | | | | | | | |
| CUSTOMER NO.: 24498 | | | | | | | | | | | | | | | | | | | | | |
| In re Application of ANDREAS LOEW | | | | | | | | | | | | | | | | | | | | | |
| Application Number 10/527,579 | | Filed March 11, 2005 | | | | | | | | | | | | | | | | | | | |
| For DEVICE FOR ADJUSTING COLOR VIDEO SIGNALS | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 2625 | | Examiner Barbara Diane Reinier | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 490.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-0832.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 28,234</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tr><td>July 20, 2009</td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td>(609) 734-6820</td><td>ROBERT B. LEVY</td></tr><tr><td>Telephone Number</td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> | | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 490.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | July 20, 2009 |  | Date | Signature | (609) 734-6820 | ROBERT B. LEVY | Telephone Number | Typed or printed name |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | | | | | | | | | | |
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| July 20, 2009 |  | | | | | | | | | | | | | | | | | | | | |
| Date | Signature | | | | | | | | | | | | | | | | | | | | |
| (609) 734-6820 | ROBERT B. LEVY | | | | | | | | | | | | | | | | | | | | |
| Telephone Number | Typed or printed name | | | | | | | | | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 4/12 * RCVD AT 7/20/2009 11:36:18 AM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-6/42 * DNIS:2738300 * CSID:609 734 6888 * DURATION (mm-ss):02:36

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PTO/SB/22 (08-03)

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| Art Unit 2625 | | Examiner Barbara Diane Reinter |

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☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **07-0832**.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

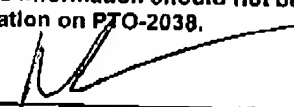
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number **28,234**

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

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| <u>July 20, 2009</u> |  |
| Date | Signature |
| <u>(609) 734-6820</u> | ROBERT B. LEVY |
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